

**PROCESS RECEIPT AND RETURN**

*See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.*

## PLAINTIFF

DENNIS SIMON, 13r0259

## COURT CASE NUMBER

13 CIV 6545

## DEFENDANT

SGT. THOMAS

## TYPE OF PROCESS

**SUMMONS**

## SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**BROOKLYN NARCOTICS DIVISION, SGT. THOMAS**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

244-245 GLENMORE AVENUE  
BROOKLYN, NEW YORK, 11207

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

DENNIS SIMON, 13R0259  
CAPE VINCENT CORRECTIONAL FACILITY  
36560 STATE ROUTE 12 E, P.O. BOX 3739  
CAPE VINCENT, NEW YORK, 13618

Number of process to be served with this Form - 285

10

Number of parties to be served in this case

10

Check for service on U.S.A.

Fold

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service*):

Fold

Signature of Attorney or other Originator requesting service on behalf of:  
MR. ROBERT BOMBARA PLAINTIFF  
 DEFENDANTTELEPHONE NUMBER  
718 845-4283

DATE

11/14/13

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

P69

District of Origin

No. 054

District to Serve

No. 054

Signature of Authorized USMS Deputy or Clerk

Date

11/27/13

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service  
1/17/14  
Time 11:00 am  
Signature of U.S. Marshal or Deputy  
OCU #2757

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or Court	Amount of Refund
65.00	8.47	8.00	81.47		K 2:25	COURT

REMARKS: 12/3-m/s  
117-1715

In sufficient info provided. Needs full name or badge number